

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90160 040 ***150.00

DOCUMENT # P99000068723

1. Entity Name
META INTERNATIONAL, INC.

Principal Place of Business
PMB 286
6278 N FEDERAL HWY
FT LAUDERDALE FL 33308-1916

Mailing Address
PMB 286
6278 N FEDERAL HWY
FT LAUDERDALE FL 33308-1916

2. Principal Place of Business
6511 NE 20 AVE
 Suite, Apt. #, etc.

3. Mailing Address
6511 NE 20 AVE
 Suite, Apt. #, etc.

City & State
FT LAUD FLA
 Zip
33308
 Country
USA

City & State
FT LAUD FLA
 Zip
33308
 Country
USA

4. FEI Number
65-0938985

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARITZ, NEIL S
DREIER & BARITZ
150 E PALMETTO PARK RD, SUITE 401
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **CONTI, JOSEPH**
 STREET ADDRESS **6511 NE 20TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **STD** ☐ Delete
 NAME **MOORE, NANCY P**
 STREET ADDRESS **6511 NE 20TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **STD CONTI, NANCY P**
 STREET ADDRESS **6511 NE 20 AVE**
 CITY-ST-ZIP **FT LAUDERDALE FLA 33308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 **561 239 3431**
 Date Daytime Phone #

CR2E034 (4/02)